

10/507322

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4	/					
5		0				
6	/	0				
7	/					
8		1				
9		1				
10		1				
11		1				
12		4				
13	/					
14		1				
15		2				
16		0				
17	/					
18		0				
19		0				
20		0				
21		0				
22	/					
23		1				
24		1				
25		0				
26		0				
27	/					
28		1				
29		0				
30		0				
31	/					
32	/	0				
33	/					
34		1				
35		1				
36		2				
37	/					
38		0				
39		0				
40			1			
41				1		
42				1		
43			1		1	
44				1		
45				1		
46			1			
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	↓	10	↓		↓	
TOTAL DEP.	←	35	←		←	
TOTAL CLAIMS		45				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			/	/		
53						
54				/		
55				/		
56			/	/		
57				/		
58				/		
59				/		
60				/		
61				/		
62			/	/		
63				/		
64				/		
65				/		
66				/		
67				/		
68				/		
69			/	/		
70				/		
71				/		
72				/		
73			/	/		
74				/		
75				/		
76			/	/		
77				/		
78				/		
79				/		
80				/		
81			/	/		
82				/		
83				/		
84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						